ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address): TELEPHONE NO:	FOR COURT USE ONLY
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE	
□ Butte County Courthouse One Court Street Oroville, CA 95965 (530) 538-7002 □ Chico Courthouse 655 Oleander Chico, CA 95926 (530) 532-7009	
Paradise Courthouse 747 Elliott Road Paradise, CA 95969 (530) 532-7018	
PLAINTIFF(S):	
DEFENDANT (S):	
CERTIFICATE OF COMPETENCY	CASE NUMBER:
TO PRACTICE IN JUVENILE DEPENDENCY COURT	
I,, Attorney at Law, have completed the following (check one):	
[] Eight (8) hours of training or education in juvenile dependency law or related subjects as set forth in the Butte County Local Rules of Court.	
[] Six (6) months of experience in dependency proceedings	
The experience, training or education occurred during the calendar	year(s):
Date	Attorney
VERIFICATION	
I have read Butte County Superior Court Rule 17.5 and know its contents.	
I am an attorney that practices regularly in the Juvenile Dependent foregoing document are true of my own knowledge.	ey Court. The matters stated in the
I declare under penalty of perjury of the laws of the State of Californ correct and that this Verification was executed on California.	
Attorney	
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